

# TECHNICAL EXPERT PANEL (TEP) CHARTER

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**Project Title:** 2019 Merit-based Incentive Payment System (MIPS) Improvement Activities (IA) Technical Expert Panel (TEP)

**Date:**

June 26, 2019

## **Project Overview:**

The Centers for Medicare & Medicaid Services (CMS) has contracted with General Dynamics Information Technology (GDIT), through the Practice Improvement and Measures Management Support (PIMMS) contract – HHSM-500-2013-13008I, HHSM-500-T0001, to convene a technical expert panel (TEP) around the effectiveness and accuracy of the improvement activities (IAs) included in year 3 of the Quality Payment Program under the Merit-based Incentive Payment System's (MIPS) Improvement Activities performance category. HealthInsight is the sub-contractor for this aspect of the project.

As part of its improvement activity development process, CMS asks measure developers to convene groups of stakeholders and experts who contribute direction and thoughtful input to the measure developer to facilitate improvement activity development and maintenance.

## **Project Objectives:**

HealthInsight, through its contract with GDIT and CMS, will convene a technical expert panel (TEP) around the effectiveness and accuracy of the improvement activities (IAs) included in year 3 of the Quality Payment Program under the Merit-based Incentive Payment System's (MIPS) Improvement Activities performance category.

## **TEP Objectives:**

The TEP will perform a review of selected IAs, especially those about which the Quality Payment Program Service Center has been receiving comments and questions. The purpose is to:

- Engage users in the design of these IAs;
- Solicit feedback on the IAs with those using them in the real world; and
- Ensure that IAs are valid, weighted correctly, and that their qualifications/criteria make sense.

## **Scope of Responsibilities:**

The role of each TEP member is to provide advisory input to HealthInsight on IAs.

The TEP should be comprised of approximately 10-12 clinicians and individuals with the following perspectives and areas of expertise:

- Subject matter/clinical expertise with IAs
- Consumer/patient/family (non-medical caregiver) perspective
- Healthcare disparities
- Performance measurement
- Quality improvement

*Duties and Role of TEP Chair/Co-Chairs:* TEP Chairs will be responsible for initiating/finalizing any votes (if scheduled/called) and potentially reviewing the adjudication of any declared or identified conflicts of interest.

*Duties and Role of TEP members:* According to the CMS Measure Management System Blueprint, TEPs are advisory to the measure contractor. In this advisory role, the primary duty of the TEP is to help prioritize and review the existing IAs, and provide input as to the validity, weighting and criteria of IAs. TEP members are expected to attend the virtual meeting and be available for additional pre- and post-meeting activities as needed in order to support the TEP work.

The TEP will review the charter prior to the meeting and provide edits (if necessary) and adopt a final charter.

### **Guiding Principles:**

HealthInsight will ask the TEP to use the following criteria to assess the IAs under review:

- Burden on providers/practices
- Relevance and importance to patients
- Program appropriateness
- Appropriate weighting of activity
- Evidence of importance and opportunity for improvement
- Clarity
- Duplication or other issues

The TEP will engage users in the review of these IAs, solicit feedback from those using them in the real world, and ensure that these are valid, weighted correctly and that the qualifications/criteria make sense. The project team will consider the TEP's recommendations, follow up with TEP members as needed to get a full sense of the feedback given, and will convey feedback and recommendations to CMS. The project team will complete a summary report of TEP proceedings following the meeting to highlight discussions and document recommendations.

Potential TEP members must be aware that participation on the TEP is voluntary. As such, individuals wishing to participate on the TEP should understand that their input would be recorded in the meeting minutes. Proceedings of the TEP will be summarized in a report that is disclosed to the public. If a participant has disclosed private, personal data by his or her own choice, then that material and those communications are not deemed to be covered by patient-provider confidentiality. If potential patient participants wish to keep their names confidential, that request can be accommodated. Any questions about confidentiality will be answered by HealthInsight.

\*All potential TEP members must disclose any significant financial interest or other relationships that may influence their perceptions or judgment. It is unethical to conceal (or fail to disclose) conflicts of interest. However, the disclosure requirement is not intended to prevent individuals with particular perspectives or strong points of view from serving on the TEP. The intent of full disclosure is to inform the improvement activity developer, other TEP members, and CMS about the source of TEP members' perspectives and how that might affect discussions or recommendations.

#### **Estimated Number and Frequency of Meetings:**

The TEP meeting will be conducted virtually via virtual meeting platform/teleconference.

As this TEP will inform the rulemaking process, it will be conducted annually. A new TEP will be selected each year.

The length of this meeting is approximately 120 minutes. Self-directed meeting preparation time could run approximately 4-5 hours. Time for follow-up feedback may also be required.

TEP members will be asked to complete surveys and pre-work and review meeting materials prior to the meeting. Additionally, TEP members may be called upon to review information and provide comments after the meeting.

#### **Date Approved by TEP:**

TBD

#### **TEP Membership:**

TBD